TABLE 2. GUIDELINES FOR FOLLOW-UP OF ELEVATED BLOOD LEADS

Advised protocols for follow-up of elevated blood lead in children under six years of age:

Blood lead ≤ 9 ug/dL (Class I):

A child in Class I is not considered lead poisoned.

Blood lead 10-14 ug/dL (Class IIA):

a. The parent should be informed (face-to-face, by phone, or by letter) that an **appointment** should be made for the child **in 3-4 months.**
b. Test every **3-4 months** until **two consecutive** tests are **< 10 ug/dL** or **three consecutive tests** are **<15 ug/dL.**

Blood lead 15-19 ug/dL (Class IIB):

a. **Confirm** capillary results **with venous blood specimen**. Skin contaminants can cause falsely elevated results. The inter-assay variability of the blood lead assay is + or - 3 ug/dL. **Repeat venous** testing should be done **within a month** if possible as levels can rise acutely.
b. As (b) above. Tracking should be employed to ensure follow-up.
c. Supply parent with information concerning lead poisoning prevention, proper nutrition (adequate iron, calcium, zinc, and protein), appropriate hygiene practices (thorough damp mopping and wet wiping, frequent hand-washing, etc.), and controlling pica.
d. Conduct an environmental assessment INTERVIEW (TDH form #M-100). This is the first step in identifying the source of lead. The Lead Assessment Interview Tools can be obtained from the Texas Department of Health, Literature and Forms Division, 1100 West 49th Street, Austin, Texas 78756-3199.
e. If two consecutive follow-up tests 3-4 months apart remain in this range; the parents have been thoroughly counseled; and the INTERVIEW has been completed, a HOME VISIT may be indicated to assess the environment for lead contaminants. The local or regional health department may assist you in home investigations. Please first contact your local health department. If a representative from that office is unable to conduct the home visit or there is no health department in you town, you may contact the regional TDH office.
f. An ENVIRONMENTAL INVESTIGATION is needed only when the INTERVIEW and HOME VISIT have failed to identify the source of lead. This investigation can be requested from the local or regional health department. If the child spends most of his/her time with a babysitter, at a daycare center, school, or other residence, this location must be investigated also.

Blood lead 20-44 ug/dL (Class III):

a. Steps (a)-(f) above. The **repeat test** (venous sample) should be done **within one week**. If confirmed to be = to or > 20:
b. Conduct (or refer for) a complete medical evaluation:
   - physical exam, including, but not limited to, growth assessment, blood pressure, hearing acuity, peripheral nerve function;
   - developmental assessment; and
   - laboratory assessment. Check for iron deficiency as it often co-exists with lead poisoning and can exacerbate lead toxicity. Serum iron, iron-binding capacity, and ferritin should be measured. Serum ferritin = to or < 12 ug/dL indicates iron deficiency. A blood lead > 40 ug/dL should prompt a serum creatinine to assess renal function.
c. Some physicians advise oral medications if the blood lead level remains in this range. Call the

Childhood Lead Poisoning Prevention Program at 512/458-7111, ext. 6441 for the name of a physician or institution willing to advise on treatment. It is inadvisable to treat medically without identifying and removing the source of contamination.

d. Abatement or containment of lead source.

Blood lead 45-69 ug/dL (Class IV):

(a)-(d) as above. Begin medical treatment and environmental assessment/remediation within 48 hours. Pharmacological treatment is indicated and should be conducted under the guidance of a physician experience in the treatment of lead poisoning.

Blood lead > 69 ug/dL (Class V):

Considered a medical emergency. Medical treatment and environmental assessment/remediation must begin immediately.